

CITY OF SAN BRUNO

City Hall Mailing Address: 567 El Camino Real San Bruno, CA 94066 Voice: (650) 616-7074 & Fax: (650) 873-6749

www.sanbruno.ca.gov

COMMUNITY DEVELOPMENT DEPARTMENT Planning Division

APPLICATION FOR SPECIAL EVENT- FILMING PERMIT

 REQUIREMENTS – IF A Site plan or location m Description Certificate of Liability Security Plan 	ap	FEE \$200.00	Date Submitted:		Check No:	
	Application should be s	submitted 30	days before t	he event		
Type of Event:	Movie Televisio	on				
	ment Describing the Type of E					
Location of Event:	the Site Been Reserved?		Yes	No		
Date(s) of Event:	Da	y(s) of Week:				
Hours of Operation: set u	ipevent		clean up _			
Applicant:						
Name:		ail:				
Organization:						
Address:	Ph	one:				
Property Ownership:						
Name:	Em	ail:				
Address:	Ph	one:				

Event Detail:	Circle Yes or No
Dicht Detail.	

Alcohol Served/Sold?		No
Food Served/Sold?		No
Require Closing of Public Street or Parking Lot?		No
Any application for a permit or license from the City, to engage in any business, denied or revoked?		No
Electricity or generator used? If Yes, describe:	Yes	No
Tent used? If Yes, describe:	Yes	No

Number of Participants:			
Number of Employees/ Staff:			
Location of Participant Parking:			
Type of Security:			
Person(s) In Charge During Event:			
	Cell phone number: _		
Name:	Cell phone number: _	Cell phone number:	
environmental determination (Catego above information is true and correct considered sufficient cause for denial	orical Exemption) as set forth in the such certification is made with full or revocation of a permit or license		
Signature (Applicant):		Date:	
Signature (Owner):		Date:	
San Bruno Police Department App	roval		
Ву:	Date Appr	oved:	